

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/018842

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4			1			
5			1			
6				1		
7				1		
8				1		
9				1		
10				1		
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50						
TOTAL IND.	1		3			
TOTAL DEP.	3		6			
TOTAL CLAIMS	4		9			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS